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CLINICAL LECTURE.

REMOVAL OF AN OVARIAN TUMOR.

BY WM. GOODELL, M. D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

While the gentlemen of the class are assembling, I shall make some remarks on the case before you. This girl is only sixteen years of age and with a large cyst, which I think will weigh very nearly sixty pounds. Her health was good until one year ago, according to her statement; while her physician thinks it was two years ago that she received the following accident. She and another girl were walking, when she suddenly tripped and fell on her back, pulling her companion down upon her abdomen. She was menstruating at the time. Great pain followed the fall, and the next day she "began to swell." Since that time she has had but one menstrual period. She has lost much flesh and is now merely skin and bone.

We ask ourselves the question: What is this tumor? It is clearly a cyst. Upon making an examination per vaginam, I find that the uterus is small and not connected with the tumor. Hence I am disposed to say that it is an ovarian growth. But, if it is true that it has come in only one year, it is probably malignant.

In these large tumors I prefer the use of chloroform to that of ether, because the former does not tend like ether to congest the kidneys, nor to suppress the secretion of urine. From this very cause I have lost patients after laparotomy. My last thirty-four cases of oöphorectomy have been mostly under chloroform, and they have all been successful. Then again, chloroform does not tend to cause œdema of the lungs, which in the aged is liable to result from ether narcosis. In large tumors, such as this one, the diaphragm cannot play while the patient lies on her back, and we are often compelled

to give the anæsthetic and to begin the operation and empty the cyst, while the patient lies on her side. Now, after thoroughly cleansing the abdominal walls with a 1 : 1000 bichloride of mercury solution, I begin my incision about four inches above the pubes, making it first down to the præperitoneal fat and then down to the tumor. I examine carefully for adhesions, and find that I have mistaken the adherent parietal peritoneum for a wall of the tumor. Fortunately I discovered my mistake before stripping it off from the abdominal wall; but let this serve to impress upon you how very careful we have to be; for many a patient has died from this mistake. Before going any farther now, all bleeding has to be stopped.

In opening cysts, the rule is to tap them high up; because the trocar will travel down as the fluid is removed, and, otherwise, the collapsed cyst may slip off from it. The fluid now ceases to flow; not because the whole cyst has been emptied, but because the cyst is multilocular and only one compartment has been emptied. There is another cyst and a solid body into which we have got to cut. I leave these for a moment, while I examine higher up. I find that there are adhesions everywhere, though they are not very strong. The incision is now extended higher up in the median line, nearly to the navel. The catch forceps are more difficult than usual to apply on account of the œdematous condition of the skin and underlying fascia. The adhesions are now broken up and the other cyst incised. It is smaller than the first one, but the fluid is thick, dark-colored and probably irritating, so that every precaution has to be used to prevent its getting into the abdominal cavity which I now enter after washing my hands. The cyst is now nearly detached from the abdominal parietes. The omentum is also attached to the surface. To expedite matters, the omentum is also caught up in a pair of forceps and cut away from the cyst. Within the cyst is a solid tumor which cannot be reduced in size and, as the pedicle is quite short and broad, it is clamped and cut off, so that more room can be gained by its removal. Cleansing first the outside of the abdomen and packing the inside with sponges, I avoid the introduction of any septic matter which might set up septicemia. On the broad, slender pedicle I introduce a sort of cobbler's stitch. That is to say, I transfix the pedicle three times before tying the ligature, with the Staffordshire knot. As the pedicle is so short and broad, I will be on the safe side and put on another ligature, to prevent any possible hemorrhage. Any redundant part of the pedicle is now removed, lest it might slough. The omentum, which is held by the forceps, is now tied *en masse* and dropped. The removal of the omentum is a small affair. It is not a vital organ, and pieces as large as one's hand have been removed. As such a procedure is not necessary now, it is simply dropped back into the cavity. As our patient is young, I wish to save the other ovary, if it exhibits no symptoms of disease. It looks healthy and, as she has, at least once, menstruated from it, I shall leave it. Sponges are now put in: one in front of the bladder, another behind the womb and a large, flat sponge on both flanks and one on the middle over the intestines. Now having protected the abdominal cavity, all vessels that need ligating are sought for. We search first on the wall. There is very little bleeding anywhere here; but, if there were, the sponges would show it. Let me count the instruments while the sponges are in.

I now pass the sutures from within outwards, because it is easier and safer. In them the peritoneum and rectus muscle are included. The tumor does not look like a malignant one, yet, in apparently innocent cases, I have seen growths afterwards develop on the pedicle, and metastatic cancers riddle the liver. This is a case for drainage; because such a large raw surface as the broad pedicle and the denuded abdominal walls will secrete a fluid very favorable for the development of septic germs. Four stitches to the inch are put in; because there is then less danger of hernia than with a smaller number, and, for this same reason, a good deal of the tissues are included in the stitches.

The largest tumor I ever removed weighed one hundred and twelve pounds. The patient recovered, but with a troublesome redundancy of abdominal skin. I have removed several tumors weighing eighty and ninety pounds, one of which was on last Thanksgiving Day. But the largest excision I ever made was in a successful case of hysterectomy, in which a fibroid, weighing forty-four pounds, was removed. The operation to-day was not difficult; because the adhesions were easily broken down. Dr. Adler has now returned and, having weighed the tumor, tells me it tipped the beam at fifty-five pounds; but we must have lost several

pounds of fluid on the floor, so that it comes very near the sixty pounds that I predicted it would weigh. We now flush out the cavity of the abdomen with several pitchers of water, although I do not think anything got in it from the tumor. The bladder was not emptied before the operation; because the presence of the urine serves to show where the bladder is and saves it from injury. I now paddle about and wash the intestines in the water. Such a procedure we would not have dared make some years ago; but we now know that it is not the exposure and handling of the intestines that does the mischief, but rather septic filth developed later on. After the laundrying of the peritoneal cavity, the sponges are removed and counted and a drainage-tube put in. The stitches are brought out close to the margin of the wound, so as to prevent any doubling in of its edges. The wound being closed, it is dressed antiseptically with iodoform and iodoform gauze. The bowels may be opened on the fourth day; because the large pedicle may get fastened by adhesive inflammation to an intestine and cause fatal obstruction from kinking it. The drainage-tube will be pumped out every two hours for the first day, less frequently on the second day, and will be removed as soon as the fluid taken from it is straw-colored. The patient will have no nourishment for twenty-four hours and not any opium will be administered. Then small doses of milk or beef tea will be cautiously given. On the eighth day the stitches will be removed.

NOTE.—It is pleasant for us to state that this patient convalesced promptly and returned home at the end of four weeks.

—GLYCERIN MOUNTS THAT WILL KEEP.—Glycerin is a very desirable mounting medium for many purposes, and has but one drawback, and that is its tendency to creep out of the cell. When mounting such substances as will admit of such a procedure, this difficulty may be overcome by using less glycerin than is required to fill the cell. This should be placed in the centre of the cell, so that a circle of air will surround it in the finished mount. A coating of cement can be run on the cover glass over the circle of air, so that it does not show, but gives the mount the appearance of one with the cell full of glycerin.

COMMUNICATIONS.

MEDICO-LEGAL QUESTIONS RELATING TO INEBRIETY.

BY T. D. CROTHERS, M. D.,
SUPERINTENDENT WALNUT LODGE, HARTFORD, CONN.

A man, named Smith, killed his wife one June morning, and, after sauntering round the house for an hour or more, walked over to a saloon, drank several glasses of spirits and then went over to the police station and gave himself up, saying he had killed his wife. He was quiet in jail until next day, when he became delirious, and continued in a confused state of mind for several days. The jail physician said this delirium resembled the "tremors," but was not this, and in his opinion it was simulating insanity. The man's conduct in the jail for the next six months, until the trial came on, was without note, except for great depression and melancholy. He seemed rational when talked to, but was profoundly reticent. His defense was alcoholic insanity. This I assumed to be true for the following reasons:

1. He inherited a distinct alcoholic diathesis. His parents on both sides and his brothers were inebriates. He had an impulsive unstable brain power from youth up, and was strange, eccentric and unreliable.

2. He begun to drink in childhood. After puberty he drank continuously until he was twenty-five years old. He then had long free intervals, during which he displayed great energy and force in business. He would then begin to drink and became more and more stupid and dazed, and, although he seemed to be engaged in business, was called very uncertain and violently unreasonable in his acts and judgment.

3. He was a contractor, and had accumulated some property. He had married, and lived happily with his wife until recently. Of late years he had, when intoxicated, manifested suspicion, and believed that she hated him and wanted to have him die. He had spoken violently to her on many occasions and had threatened that he would kill her if she did not stop going to church. When sober he deplored what he had said, and urged her not to pay any attention to him, as he was not right in his mind.

4. The year before the murder, he had been very violent at times in his language to those who were his best friends, and after-

wards, when told of what he had done, made many apologies, and manifested sorrow. At these times he did not seem unconscious of his surroundings or acts, and even seemed to realize his words and their import, but was fully recognized as intoxicated.

5. One week before the murder he showed great excitement at an imaginary neglect of one of his workmen, and declared that he would get a gun and shoot him. The night before the murder his wife, supposing him to have gone for the night, attended church and returned and retired to bed before he came home. He came in after midnight and went to bed. The next morning he awoke early and went to the barn, apparently sober. Here he learned that his wife had been to church on the night before, and seems to have gone back deliberately and shot her without any excitement or noise, she being asleep at the time. An hour or so later he gave himself up, saying little, except that he had shot her, and giving no reason for the act or particulars in regard to it.

6. The delirium after the commission of the crime and melancholy up to the time of trial were confirmatory of his disturbed condition.

7. From the facts of heredity, his early steady use of alcohol, and the later development of the disease, the crime and his conduct both before and after, together with other facts, I testified that he was unsound and irresponsible.

The crime was clearly due to the alcoholic state, and the attorney for the prosecution urged with great vehemence "that intoxication was never in any case an excuse for crime." He read and commented upon the old English law decision as if it was a fixed fact in science, "that no man can claim exemption from the law, or the duty which he owes his fellow-man, by saying that he was without reason and control of himself, when he did this act, by reason of drink, and that all men who use alcohol voluntarily make themselves insane, and do so fully aware of the consequences of it."

This high-sounding theory was reiterated, and impressed on the minds of the jury, and the medical experts for the people evidently accepted it as a truth. They all testified that the prisoner was not insane and could not have been at the time of the crime. His condition was one of moral depravity, in which he must have known the nature and character of his acts. They acknowledged that possibly the excessive use of spirits might bring on disease, but this could not be mistaken. They expressed doubts as to the heredity of inebriety, and affirmed that continuous or periodic drinking did not of necessity impair the mind or lessen the degree of responsibility. It was urged that the motive for killing, viz., to keep his wife away from church, showed depravity and not disease. The judge charged the jury that no insanity or irresponsibility could exist unless the mind showed continuous delirium or delusions, and that in no case could this be an excuse, if it came from the use of alcohol.

The prisoner was convicted, and the press applauded the result, and praised the medical men who had the courage to testify to the real facts. The prisoner died of consumption a few weeks before the execution; and thus ended a not uncommon case.

It would be wrong to blame the medical men; for they are without knowledge of these cases. They are suddenly called to determine facts and their meaning, and to give advice along this new line of inquiry, with no precedent to follow, and opposed by public opinion and deep-rooted prejudices. As a result, they are often plunged into confusion of theory and statement. The acceptance of a theory that inebriety is always voluntary presupposes a degree of psychological knowledge that has not yet been attained. The increasing number of cases that are coming into court in which the degree of mental soundness of the person turns on the use of spirits cannot be ignored by the profession, or be answered by vague theories or dogmatic assertions. Every year these questions come to us for solution with greater urgency and importunity. The rapid advances of accurate knowledge of the brain and its diseases demand that the theories of to-day should be questioned and adjusted to the newer, larger views of mental action. Already there are three distinct views or theories prominent in the solution of these cases.

1. The ethical and moral view, which seeks an explanation of inebriety from the teaching of Scripture and the opinions of theologians and metaphysicians. This view asserts that inebriety is only a phase of moral depravity innate in every life, and one that is susceptible of great growth and development, by willful neglect, and gratification of all the animal instincts. With this view

the remedy is severe punishment, increased responsibility, prayer, conversion, and the application of moral suasion. A man holding these views on the witness stand believes the inebriate, in all cases, fully conscious, and doubly responsible for all his acts.

The second is the legal view, which is practically an outcome or result of the moral theory. It assumes that inebriety is a phase of savagery or the inborn tendency to lawlessness, and giving up of all control and restraint, or the indulgence of the lower passions regardless of society, law, and order. The legal remedy is severe punishment, increased penalties, and suffering. The theory is to develop the higher nature of man by causing pain and suffering in the lower nature. In this way to rouse up the brain and will power to regain control of the animal part. Three hundred years ago Lord Coke of England, held that inebriety always aggravated the offense, and the punishment should rather be increased. This has been the corner-stone of the legal view of inebriety up to very recent times.

The third theory is the scientific and medical view. This affirms inebriety to be a physical condition, the tendency of which is often inherited and also acquired; that this physical condition is always a disease: a modified or pronounced form of insanity. In other cases it is a positive symptom of insanity, and also that insanity is often a symptom of inebriety. It is a form of brain degeneration that like other diseases has distinct causes, development, progress, and decline. It is also urged that the continuous use of alcohol always causes disturbances of brain circulation, and is followed by brain congestion, brain paralysis, and impaired senses. The result of this is incapacity to realize the nature and character of acts; the judgment is defective, and the control is lessened and is not normal. Medico-legally this theory regards the inebriate as diseased and incapitated to act sanely, to be treated as a sick man and placed under medical and legal care and control until recovery or for life.

The two first theories assume perfect sanity in all cases of inebriety, and assert that the remedy is to be more severe punishment, and accountability to law and society. The third theory recognizes a physical condition, and demands a scientific study of each case before the remedy or treatment can be determined.

Another theory has been advanced that in some cases inebriety was a vice at first, then, later, a disease; that in some cases punishment is the remedy, and in others medical care and treatment. Practically and medico-legally this view assumes a degree of psychological knowledge and power of discernment, as to where vice and disease join, that it is absurd and impossible from any present knowledge. Such a theory defended on the witness stand is a sad reflection on the intelligence of the witness.

Such are some of the theories and standpoints from which the subject of inebriety is approached medico-legally. The urgency and pressing character of these cases bring these different views into greater prominence daily. While the confusion and doubt of the exact nature of inebriety is evident to every new advance of thought, it is obvious that it is due in a large part to the failure of physicians to study these cases independently. The dictum of judges, the teachings of theologians, newspaper views, and public opinion, are too often the sources from which medical men derive their views. This was very apparent in a contested will case at Trenton, N. J., where five medical men testified to the mental capacity of a chronic inebriate who willed his property to a mistress. The judge declared he would act on his own judgment, and decide the man unsound and incapable. In a case at Worcester, Mass., a man set fire to a church without apparent motive. Three physicians swore to his sanity, although he had delirium tremens repeatedly, and was a chronic inebriate. The jury decided otherwise.

Questions involving the capacity or incapacity of inebriates can never be determined by any metaphysical theory of mind or morals. It is an error for medical men to regard inebriety, except from a physical point of view. It is a question of facts and their meaning. Facts of hereditary, of growth, of culture and training; facts of diseases, of injuries, of degenerations both local and general, of surroundings, of mentality, and of the entire history of the case, both physiological, psychological, and pathological. From these facts only can any clear conception of inebriety be obtained.

The general problems which are presented in these medico-legal cases are, first: Was the person an inebriate, or one who drank spirits to excess at all times or at intervals? If this fact is established beyond question, his sanity and mental capacity may he most

reasonably and naturally doubted. Second: What were the mental condition and circumstances of the person at the time of the commission of the act in question? Was he sane? Was the act reasonable and just in its effects and consequences? If not, the first suspicion is strengthened, and the insanity of the person must be assumed, and the legal theory must be reversed; the sanity must be proven, not the insanity. Third: The medical man has only to gather the facts, and have reasonable assurance of their accuracy. From this he can point out the most probable conclusions which are sustained by such facts. The question is one of preponderance of evidence, which, if it points to defective consciousness of act and conduct and inability of control, is far more likely to indicate impaired mind or insanity than any other condition. The limits of scientific study will not sustain any theories of the exact degree of health and disease, and will not support assumptions of boundary lines of responsibility and irresponsibility.

NEW PHASES OF LEAD AND MERCURY POISONING.[1]

BY CHARLES F. J. LEHLBACH, M. D.,

NEWARK, N. J.

Within the last few years the not unfrequent occurrence, in my experience, of cases of evident lead-poisoning, of the colicky form, of greater or less severity, but sufficiently well marked to leave no doubt as to the diagnosis—the blue line being present in all cases—has called my attention to the fact that we must search for new causes of the increasing danger. Beyond a reasonable doubt, I think, in a number of cases which I have seen, the introduction of the metal into the system has been by means of what is called "Soda-Water." I will illustrate by a few typical cases.

Case I. A man, middle-aged, of ordinary health, inclined to obesity, a saloon-keeper, was seen in consultation with Dr. N. Gastric symptoms, indicating catarrh of the stomach, had been followed by excessive colicky, paroxysmal pains, with obstinate constipation, and had caused anxiety of the attending physician as to the possibility of the occurrence of perityphlitis. The absence, however, of rise of temperature, and the presence of marked discoloration of the gums led to the suspicion of lead-poisoning. The success of the treatment adopted with this view verified the suspicion. This patient had been in the habit, for weeks or months, during the hot season, of drinking large quantities of soda-water and other so-called soft or Sunday drinks, from the ordinary pint or half-pint patent-stopper bottles.

Case II. A case seen in consultation with another medical gentleman was that of a woman, who, having been invalided for a long time from some cause that I do not particularly remember, was seized with symptoms of severe intestinal neuralgia, occurring in paroxysms, occasionally intensified to a degree of moderate colic, which could not be attributed to direct or reflex connection with her other ailments. The gums presented the bluish discoloration of lead. Under the anti-lead treatment the patient recovered.

This patient had been in the habit of drinking copiously of soda-water obtained from a mineral-water factory in her neighborhood.

Case III. Another case, seen in consultation with Dr. ——, was that of a beer-wagon driver. He had been seized for several days with violent colic, at first attributed to some error in diet, but its continuance, with the absence of gastric or intestinal catarrh, and of increase of temperature, the tonic contraction of the abdominal muscles, the relief by continued broad-surface pressure upon the abdomen, and the bluish line along the margin of the teeth pointed to the true cause. He was soon relieved by appropriate treatment.

He had been drinking inordinate quantities of soda-water, from one to two dozens of bottles daily, for weeks, during the hot season, to the exclusion of other beverages.

Case IV. A patient applied to me for admission to the German Hospital. He had been suffering for some time from mild attacks of colic, which on this occasion had become so severe that ordinary domestic treatment gave no relief. Close examination showed the absence of any other cause but that of lead, and, as in the former cases, the blue margin along the gums confirmed the suspicion.

He was a worker in a soda-water factory and frequently, if not mainly, engaged in cleaning bottles, for which lead shot was

[1] Read before the Practitioners' Club, of Newark, N. J.

freely used. He was discharged well, after a short stay in the Hospital under specific anti-lead treatment.

Case V. A young man was admitted to the Hospital during my service, suffering presumably, as we were informed, from some occult painful disease of the liver. Close examination did not confirm the diagnosis, but everything pointed to lead-poisoning, the marginal dental line included. His occupation was that of a man-of-all-work in a restaurant and saloon. He denied all possibility of having had anything to do with lead, and only on the third day after admission, on the strictest cross-examination he was made to remember that a short time before the first attack he had for nearly a week been almost continuously employed in cleaning wine-bottles (over a thousand) with lead shot, his hands almost continuously in the refuse water, which he would not dry when eating crackers or sandwiches at intervals between work. The ordinary treatment as in the other cases proved successful.

My impression in regard to the first three cases, where the free use of soda-water evidently formed the element of suspicion, was that the poisoning might be attributable, perhaps, to the patent stoppers, probably containing lead which had become exposed after use by the working off of the protecting rubber. This theory was abandoned, however, as the possibility of the absorption of a sufficient quantity of lead in this manner seems impossible.

The subsequent case of lead-poisoning occurring in a man employed in a soda-water factory in washing and cleaning bottles, during which process lead shot, as I subsequently learned, is in free and general use, explained the matter satisfactorily. If the scope of this paper allowed, statistics in regard to the immense increase in the consumption of soda-water and allied beverages sold in small bottles, would be interesting. During the hot and picnic season these factories are working under high pressure, hardly able to supply the demand on urgent occasions, and we can easily imagine, how, if not habitually, at least occasionally, the complete rinsing of the bottles after the lead-shot cleaning process may be lost sight of in the hurry of business or by the oversight of a careless workman. At any rate, the matter seems to me of sufficient importance to direct the attention of our Boards of Health to the subject, for the purpose of further and authoritative investigation and the voluntary or compulsory abandonment of the use of lead shot for soda-water bottle cleaning. In the beer bottling business I am told the cleaning of the bottles is done with machinery, the use of shot being discarded.

Mercurial intoxication is another form of metallic poisoning, which, in the course of new modes of fabrication and of new inventions or their application, has given rise to new classes of patients. Some of you may remember how the "hatter's disease" was first duly recognized, described and in a great measure alleviated by the medical profession of Essex County. The hatter's disease was due to the employment of quicksilver preparations in the sizing of hat-material, particularly during the process of carrotting in hot rooms, the workingmen becoming exposed to the evaporation of the metal. The transactions of the State Medical Society contain full records of this form of poisoning. During the first years after the opening of the German Hospital in this city, nearly twenty years ago, we had not unfrequently cases of the hatter's disease. They were characterized by moderate salivation, stomatitis, general cachexia and mercurial tremors, and were generally relieved by tonic and eliminative treatment.

Within the last two years a similar form of mercurial poisoning has come under my notice in a few isolated cases. From the nature of the circumstances surrounding them it is not probable that many cases have come under the observation of general practitioners. They have followed in the wake of the progress of electric illumination and are limited to the persons employed in the manufacturing of the glass bulbs of the incandescent arc light. Many experiments have been made, so I am told, to reach a process by which the necessary vacuum in these bulbs can be obtained and thus to dispense with the costly and complicated process now in vogue. But no one process has been successful, and all the complicated apparatus used for the purpose are essentially based upon the system of *Sprengel's* air pump, in which metallic quicksilver forms the means of exhaust. In the factory at East Newark these bulbs are turned out daily by the thousands, I believe. In Edison's new laboratory alone, intended probably only for local purposes, there is a separate room with apparatus for exhausting hundreds of these globes. There is, even under the strictest general safeguards, and

the most conscientious personal precautions, no possibility of avoiding, particularly during winter, in hot, closed rooms, the vapors of mercury, and of avoiding entirely contact with the metal during the process. The factory in East Newark employs its own physician to attend to its sick, who, I have reason to believe, form not a small percentage of the whole force, and they are furnished medical attendance and medicines gratis—a tacit acknowledgment that it considers the work reponsible for the illness, although sometimes disguised under the name of malaria, or some other convenient scape-goat of medical terminology to cover the plain fact of quicksilver poisoning. These cases, from what I have personally seen and had described to me, differ in no essential from other forms of mercurial poisoning.

NEW FORM OF HYPODERMIC SYRINGE.

BY JOHN J. THOMAS, M. D.,
YOUNGSTOWN, OHIO.

There is no instrument in common use by the physician and surgeon so difficult to keep in good working order as the hypodermic syringe. The piston becomes dry, the washers are lost, and the glass is easily broken. Often, when needed badly, the instrument is found to be unfit for immediate use. In a case of post-partum hemorrhage or surgical collapse there is nothing more satisfactory to the medical attendant than a well working hypodermic syringe with the proper medicaments close at hand. A badly working syringe, under such circumstances, is an exasperation, and may mean death to the patient. Unfortunately, the ordinary syringe is apt to leak, and valuable time is spent in trying to get it in order. The writer owns three syringes, a thirty minim metal barreled one, a glass one with metal mountings by a standard manufacturer, and a glass one with hard rubber mountings. The latter, though the cheapest, kept in good order the longest. The two former were put in order last spring but are of little use to-day.

Very little reflection will convince any one who has had experience with these instruments that there is no need whatever of adhering to the usual form of hypodermic syringe with all its imperfections. The graduated scale we have no longer any use for, though it is still retained on many syringes. It was useful when injections were made from standard solutions. These solutions soon become unfit for use through the development of the *penicillium*. Now it is the custom to use chiefly the tablets, which are easily soluble and of definite weight. The tablet is dissolved in sufficient water and the whole amount of the solution is injected at once, without any attention to the graduated scale.

I have for some time been employing a method of administering hypodermic injections which is at once rapid and thorough. Of its practicability and efficiency I have had abundant proof. The apparatus is exceedingly simple and almost ridiculously crude; yet I invite any practitioner to try it, and I venture the assurance of the most satisfactory results possible. For my part I have forever done with the old-fashioned hypodermic syringe, even should my method not be improved upon by the instrument maker.

Take a good large medicine dropper, remove the glass tubular portion, and into the nipple shaped rubber end piece insert the proximal end of a hypodermic needle. Fasten the needle in its place by some thread, or, as I have been doing, by a sufficient number of turns of a smallest sized rubber band. Now your injecting apparatus is complete. Press the rubber between the thumb and finger and insert the needle into some water. Release the pressure and in thirty seconds the rubber nipple is full of water. Pressure will discharge the water into a teaspoon into which you can throw your tablet or powder. When the latter is dissolved, draw it up again into the nipple and you are ready for injecting. It is necessary to first fill the nipple with water in order to measure its capacity, as it is not desirable to inject air with the solution of the medicament.

Moderate pressure will very easily deposit the solution under the skin. There is not a particle of leakage, and the little operation is done quickly, thoroughly and with no vexation of spirit. The ordinary medicine dropper nipple contains about thirty minims of water; too much for an ordinary injection.

I invite the instrument makers to perfect this method of giving a hypodermic injection by constructing a nipple of pure rubber of at least double the thickness of the medicine dropper, so as to diminish its

capacity to about fifteen minims. A metal attachment should be made, into which the needle could be adjusted by a screw thread or by friction, as in the ordinary hypodermic syringe. The nipples could be made of three different capacities, say: ten, twenty and thirty minims, and these, with the needles, could be put into a neat case and sold for a much less price than a hypodermic syringe. I claim for this apparatus simplicity and durability; and for the method all that could be desired in rapidity, thoroughness and efficiency.

THE TELEPHONE PROBE.

BY HARVEY B. BASHORE, M. D.,
WEST FAIRVIEW, PA.

In 1876, M. Trouvé, of Paris, invented an electric probe, consisting of insulated wires, connected with the revealing apparatus of a magnet and an indicator, and depending for its usefulness on the fact of the greater conductivity of metal compared with the surrounding tissues of the body. About one year ago, I made a modification of this, by substituting a telephone for Trouvé's revealing apparatus. Since then I have heard that an Army Surgeon has used the telephone for a similar purpose; but I have seen no description of his probe.

The instrument which I devised depends upon the fact that the "making" and "breaking" of a telephonic circuit in which a battery is connected, produces a characteristic sound in the telephone. The apparatus consists of a probe proper, a battery, and the "receiver" of a Bell telephone. The probe is made of a flexible canula, containing two insulated wires, ending in platina tips, which project beyond the canula about one-sixteenth of an inch. The battery consists of a small zinc and carbon element in a solution of ammonium chloride, and is connected in the circuit with the telephone and probe.

In using the instrument the battery—which is sealed—can be placed in the coat pocket and the probe manipulated with one hand while the other holds the telephone; the moment the probe comes in contact with a metal the circuit is closed between the platina tips and a sound is heard in the telephone.

An extractor can also be used, similar to Trouvé's, consisting of an ordinary bullet forceps, the arms of which are insulated and wires led therefrom to the telephone and battery.

By this arrangement the surgeon is sure of not grasping bone or tissue, since in such a case the current would not be established.

CASE OF RUPTURED LIVER.

BY FRANK P. BUTLER, M. D.,
WHAT CHEER, IOWA.

The following case, while not unique, may be of interest to some of the readers of the MEDICAL AND SURGICAL REPORTER. On July 22, George W., 19 years old, while at work in the harvest field, in a stooping posture, received a kick from a horse, one inch below and two and one-half inches to the right of the umbilicus. Dr. Wymore, being called a few hours later, found the patient delirious, suffering intense pain, with abdomen greatly swollen. He diagnosticated rupture of the right lobe of the liver, and to relieve pain, gave one-fourth grain of morphia hypodermically. On the following day, the patient was seen in consultation by Dr. Beaudry. He confirmed Dr. Wymore's diagnosis, they finding in addition severe and general peritonitis and stercoraceous vomiting. Before death, which occurred upon the fourth day after the injury, coffee-ground vomit occurred frequently.

Post-mortem, conducted sixteen hours after death, by myself, for Drs. Beaudry and Wymore. Found abdomen greatly distended with gas, so much so, that after the usual median incision it was necessary to puncture the intestines in numerous places before we could proceed. The peritoneum was greatly congested, especially at the seat of injury. The intestines in the right hypochondriac, lumbar, and inguinal regions were firmly bound by adhesions to the liver, the right kidney and the wall of the abdomen. At the appendix vermiformis the adhesions were so great as to cause a strangulation of the bowel, a small amount of fecal matter being found above the strangulation. The right kidney was so bound down by adhesions as to require the scalpel to free it from its bed, the capsule was firmly adherent, the pelvis being deeply congested.

The liver, like the intestines and kidneys, was firmly adherent to the surrounding tissues; and upon the posterior surface of the

right lobe was found an extravasation of bile, and a rupture about one-half inch in extent. The gall bladder was greatly distended, almost to bursting. Pockets of purulent pus were discovered throughout the regions mentioned above.

SARCINA FUNGUS IN THE URINE.

BY MARTIN RIVELY, M. D.,
FIRST ASSISTANT IN THE PATHOLOGICAL LABORATORY, JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

So seldom do we meet with the sarcina in the urine that much uncertainty exists in regard to its cause and the conditions essential to its growth. Some have thought it dependent upon dilatation of the bladder, but I am inclined to believe this opinion erroneous, because dilatation is not always found when the sarcina is present; and, on the other hand, dilatation is very often demonstrable when the parasite is not to be found. In the stomach, also, it has been detected, associated with narrowing of the pyloric extremity while no dilatation whatever could be discovered in the stomach itself.

It has been my fortune to meet with three cases of urine containing sarcinæ; but of the first one I have no accurate notes. The second case was that of H. D.; male; 65 years old; who for several years had been suffering from cystitis and posterior urethritis, the result of an enlarged prostate. When he first came under my care I examined his urine microscopically. He was passing in it considerable quantities of blood, pus, and stringy mucus; and it contained squamous epithelium, crystals of triple phosphate, and the sarcinæ. Under treatment the hemorrhage ceased. But it recurred from time to time, although never to the same extent as at first. The pus never entirely disappeared; indeed, excepting in the cessation of the bleeding, but little improvement occurred until he consented to the regular use of a soft catheter, when all the symptoms and all the pathological ingredients of the urine in great part disappeared. The sarcina fungus disappeared completely, and I have not since been able to find it. Up to the time our patient employed his catheter, his bladder, as shown by the detritus present, was never fully emptied; but by its systematic use the viscus was completely evacuated; and when the bladder was thoroughly relieved of the decomposing material the sarcinæ disappeared. I examined the urine a year after the catheterization was instituted without finding a trace of sarcinæ.

The third case of sarcina which I have seen was under the charge of my friend, Dr. O. P. Rex, who sent me the urine for examination. The patient was a woman, suffering with a displaced uterus, which pressed upon the urethra and prevented the bladder from wholly emptying itself. There was pus, squamous epithelium, phosphatic crystals and detritus in the urine, besides the sarcinæ. The bladder could hold only a pint of water when injected; hence there was no dilatation. As soon as Dr. Rex had corrected the displacement of the uterus, and the bladder was able to resume its natural function of evacuating itself without hinderance, the sarcinæ, with the pus and detritus, disappeared.

Two cases of even so rare a disorder are not usually enough from which to draw any very broad conclusions; but it seems to me that the history of those described above indicate that sarcinæ in the urine are not dependent upon a condition of dilatation of the bladder, but rather upon the retention of decomposing material in a viscus which is unable ever to empty itself completely.

REPORTS OF CLINICS.

PRESBYTERIAN DISPENSARY, CHINANFU, CHINA.

CLINIC OF DR. ROBERT COLTMAN, JR.

Gonorrhœa at 8 Years of Age.

It does not often fall to our lot to see a case like the following. Boy; eight years old; complains of pain in making water; brought to the dispensary by his old grandmother, who says he is troubled with painful erections. Examination reveals a case of ordinary gonorrhœa. The old woman was asked to step into the waiting room while we questioned the boy and obtained the following history. Two weeks ago, when all of his own family were away from home, a young married woman living in the same court enticed him into her room and had intercourse with him. This must

have been very imperfect, as the boy is only of ordinary development for his years, but it served to communicate gonorrhœa to him. Four days after, the disease first appeared. I put him on Magnesia Sulph. ʒi, twice daily, and a lotion of lead water and laudanum was applied on absorbent cotton to the penis externally, with elevation of the penis. In two weeks all discharge had ceased and the patient left off coming.

Fibroma of Prepuce.

This man comes before you for the last time, as he is leaving for home. He caused me at one time as much anxiety as any patient I have ever had, if not more. Two months ago he presented himself, saying he had great difficulty in passing water. Examination of his penis revealed a hard growth of fibrous tissue extending in front of the glans penis for an inch and a half and involving the entire circumference of the prepuce, which was elongated. Through the centre of this mass there still remained a very small opening, through which the urine constantly dripped away; and, as it could only come drop at a time, all the man's waking hours were spent in urination. He stated that two years before he had had a syphilitic chancre in the prepuce, and that, in cicatrizing, it had left him the present growth; but that the calibre through the growth had been diminishing daily, until now he could not pass water fast enough to relieve his bladder. Palpation proved the bladder to be distended, although he stated that he had been doing all he could since morning to empty it. I etherized him and amputated the growth in front of the glans penis by one sweeping cut of the knife. In other words, circumcising him. This was followed by a discharge of a quart or more of ammoniacal and decomposing urine. I then retracted the foreskin back of the glans penis and connected the mucous surface with the skin with four points of interrupted suture. This in no measure controlled the hemorrhage, and I introduced one point of suture after another until I had, in all, twelve points of suture. By this time the prepuce was greatly infiltrated, had attained the size of a large tea cup in circumference, and was bleeding all around. I then applied Monsel's solution, which instantly formed a clot, but the ooze from beneath it kept up and forced the clot off. I repeated this several times, with no success. I then used styptic cotton, with no better result. I next wrapped the penis in a strong solution of lead and opium, with the exception of the open surface, where I again applied the Monsel's salt. A small artery, which had become enlarged, now spurted, and was tied; but the bleeding continued unabated. Finally I gave the patient a teaspoonful of fluid extract of ergot, which I repeated in half an hour, after which the bleeding soon ceased. The cut surfaces united very slowly and a large slough formed on the dorsal surface; but he gradually got well and is now able to urinate with ease.

Entropion.

This woman has suffered for several years with inversion of the upper lids of both eyes, and the corneæ, being constantly rubbed by the ciliæ, are almost opaque. She suffers with constant pain and lachrymation. This affection is extremely frequent in this province, and arises greatly from the greatly elongated condition of the upper lid. This is almost exclusively among the lower classes, and I believe is largely due to living in rooms without chimneys, so that all the smoke of fires used for cooking or heating purposes makes exit by the door, consequently the room is constantly full of smoke. This occasions constant straining of the lids, which in time leads to their elongation and relaxation to such an extent that the cartilages invert and produce the condition known as entropion. This I remedy by taking out an oval piece of the lid (and often it requires quite a large piece) and then stitching the cut surfaces together. The opacity of the cornea gets much less after the operation, and cases which seem hopelessly blind often get very good sight. Sometimes it is necessary to split the cartilage its entire length in addition to removing a piece of the integument; but I find, as a rule, the simple excision of a piece of skin, varying in size to suit the case, suffices. Even after a large piece has been excised, in a few months there remains no visible cicatrix.

Abscess of Neck.

Man; 21 years old; laborer. As this man came in the door he attracted every one's attention by the enormous swelling of his face and neck. As I glanced at him, I mentally said: "sarcoma." I now see I was mistaken. This swelling commences

at the lobe of the left ear and extends down to the xiphoid appendix of the sternum, and out to the point of the scapula, causing a frightful deformity, but fortunately one we can remedy with very little trouble. This is nothing more than an enormous abscess under the superficial fascia and platysma muscle of the neck. It has come down on to the chest but is external to the pectoralis muscle. At the junction of the third rib on the left side with the sternum, I make a vertical incision, an inch in length, cutting upwards, and you now see this immense tumor rapidly disappearing. The pus is very badly disorganized and the patient is anemic; so I will order him tinct. ferri. chlor. gtt. xxx, in water, three times daily, after meals. You see we have collected fourteen ounces of pus, which has drained the cavity fairly; but with this amount of indurated tissue more will follow; so I introduce a drainage-tube, which we will remove and wash twice daily. We will also paint the entire left side of the neck with tr. iodinii dil. twice daily.

Horn on the Buttock.

Man; 54 years old. This patient has a curious and rare growth on his right buttock. It is an inch and a half in length, half an inch in width, and projects an inch from the surface. It is a horny tumor—just like horn or a rough toe nail. In fact, this tumor very much resembles a great toe. The patient tells us it began as a swelling four years ago, and has gradually grown to its present dimensions, and is so painful he cannot sit down with any comfort. When standing, however, it causes him no inconvenience. It is the first tumor of the kind I have ever heard of growing from the gluteal region. Generally such tumors grow from the head, or over a large bone; but in this instance there is not the slightest bony attachment and the base is freely movable in the gluteal muscle. I shall excise this by an oval incision, including the entire growth and its base to the depth of an inch and a half, then close the wound with four or five points of interrupted suture put in quite deep. I think we may expect union almost entirely by first intention.

—There are said to be 402 medical practitioners on the roll of the British Medical Temperance Association, and 109 medical students as associates.

FOREIGN CORRESPONDENCE.

LETTER FROM BERNE.

Suspension in Spinal Disease.—Bacteriuria in Women.—Congenital Absence of the Pectoral Muscles.—Subcutaneous Rupture of the Biceps Brachii.—An Ancient Epidemic of Hydrophobia, and its Cure.

BERNE, August 11, 1889.

The suspension treatment of locomotor ataxia and other chronic diseases of the spinal cord (the "Russian method"—since it was first introduced, in 1883, by an eminent Russian physician, Dr. O. O. Motchütkovsky, of Odessa), as was noted in an Editorial in the REPORTER, Feb. 23, 1889, has already found friends among the Swiss practitioners. At a recent meeting of the Société Médicale de Genève, Dr. Ladame stated that he had made 282 suspensions in 16 cases, of which 15 referred to tabes (12 men and 3 women) and to Friedreich's ataxia. The sittings were repeated every second day and lasted each about four minutes (or even more) in patients weighing from 110 to 135 pounds, but not more than two or three minutes in those weighing from 175 to 220 pounds. The results, as obtained by Dr. Ladame, on the whole coincide with those published by Drs. Motchütkovsky and Charcot. In a certain proportion of the cases the treatment proved wholly ineffective, but in the rest a more or less marked amelioration followed: the lancinating pains were relieved, the micturition improved, sleep became better; in two patients with very marked Romberg's symptom, the latter gradually disappeared, after eighteen or twenty suspensions. In several cases a considerable decrease of the plantar paræsthesia and sensation of cold about the lower limbs was noticed. In none of the cases was any aggravation of the patient's state or any disagreeable accessory effect ever observed. Still, Dr. Ladame is very far from thinking that the procedure is quite harmless. On the contrary, he insists on the necessity of the utmost caution, both in the selection of suitable subjects and the carrying out of suspensions. The *séances* should invariably take place under the medical attendant's personal supervision. The method is decidedly contra-indicated in the presence of grave anemia or cardiac and vascular disorders. The author asserts that treatment of spinal disease by suspension and

electricity combined may be crowned with better results than those given by either of the methods separately.

Another Geneva practitioner, Dr. Revilliod, tried the Russian method in thirteen cases, namely, in four of typical tabes, three of sexual impotence, four of vesical troubles, one of syphilitic myelopathy, and one of perforating ulcer of the foot. In one of the tabetic patients no benefit could be noticed, but in the other three a more or less striking amelioration of the shooting pains, ataxia, Romberg's sign, neuralgia of the penis, and micturition was observed. All the three patients with virile impotence improved markedly, but of those suffering from vesical troubles only one showed some amelioration. The syphilitic patient who had had a spasmodic gait, ceased to fall, and commenced to walk very steadily and confidently. In the case of perforating ulcer, the treatment relieved all pain, removed the swelling, and ultimately led to healing of the lesions. As to the *modus medendi* of the method, Dr. Revilliod supposes that suspensions "may favorably modify the morbid process through elongating the spinal cord."

Drs. Hastings, Burrough, and Appia, of St. Etienne, record a striking case of classical ataxia of a severe type in which the suspension treatment was soon followed by disappearance of the lightning pains, the anæsthesia, and the incontinence of urine, the patient recovering his walking power. Dr. Goetz, of Geneva, likewise relates the history of two cases of locomotor ataxia in which the gait improved and constipation disappeared. No untoward influence of the procedure on catamenia was ever noticed by the author.

An interesting paper on Roberts's "bacteriuria" has been recently published by Dr. Alexander Peyer. As his experience shows, bacterial cystitis in women is caused mostly by the penetration of bacteria from the vagina and vulva *via* the urethra. Hence he recommends the following plan of treatment of the affection, which gave excellent results in his hands. First of all, the patient's vagina is irrigated with a quart of tepid boiled water, containing eight or ten drops of a 10 per cent. solution of corrosive sublimate. Then the bladder is washed out with a pint of the water mixed with one or two drops of the solution, in the following manner: The wash is divided into three portions of from 5 to 8 fluid ounces each, of which the first two are successively injected into the viscus, to be retained therein for a few minutes, and then withdrawn by means of a catheter. The third portion is left in the bladder for five or ten minutes, to be subsequently expelled by the patient herself. After this the vagina is thoroughly wiped dry with a 1 per mille corrosive sublimate cotton, and a plug measuring 5 or 6 centimetres in length and made of corrosive sublimate gauze with cotton pellets is inserted into the canal and left for a night. The local treatment is supplemented by the internal administration of salicylic acid in three-fourths grain doses, several times a day, or of 1 per cent. boracic acid solution, a tablespoonful four or five times daily.

As is known there exists a curious "law," according to which very rare or exceptional cases of biological anomalies (diseases or anatomical defects) tend to occur in groups. The "law" is once more well illustrated by the congenital absence of the pectoral muscles. As your correspondent stated in his preceding letter (*vide* the REPORTER, July 13, 1889, p. 44), the literature of that extremely rare anomaly had been recently supplemented by Drs. Schulthess, of Zurich, Kobler, of Vienna, and Bradel, of Sophia (Bulgaria), who had published each a case almost simultaneously and quite independently of each other. A few days after my letter had been mailed to Philadelphia, I received a current number of the *Proceedings of the Omsk* (*Siberian*) *Medical Society* (No. 3, 1889), which contained another instance of the defect, described by Dr. Nikolai A. Tüberovsky, house surgeon to the Küldjinsky Lazaretto. The case is that of a young, strong, healthy and otherwise perfectly well-developed Siberian Cossack 20 years old, in whom an accidental examination revealed a congenital abscess of the sterno-costal portion of the right major pectoral muscle, as well as of the whole pectoralis minor, accompanied by an anomalous inability of the corresponding acromio-clavicular joint, the right clavicle and acromion being longer and thicker than the left ones. No functional disturbances were detected. Dr. Tüberovsky adds that Professor W. A. Gruber, the illustrious Russian anatomist, had seen only one similar case (absence of the clavicular portion of the major pectoral) during his forty years' practice, and Professor Lesshaff, of St. Petersburg, only two (absence of the sterno-costal portion).

Dr. Albert Mayor, of Professor J. L.

Reverdin's clinic, in Geneva, details a probably unique case of traumatic subcutaneous rupture of the biceps muscle. The patient, a powerfully built porter, 34 years old, was lifting a heavy box to place it on the top of an omnibus. The box slipped down and fell on the patient's flexed left arm, one of its sharp, iron-clad edges striking the fully contracted biceps in front, at some distance above the elbow. There were found considerable bruises and subcutaneous extravasations, but otherwise the integuments remained intact. A portion of the lower end of the biceps was found to be cut in two, the lower fragment forming an immobile, flabby, ovoid body, the size of a plum. On examination six weeks later, the left biceps was found to be strikingly shortened, terminating abruptly about the middle of the humerus, the lower half of the region being occupied by a flat layer of dense fibrous tissue passing downwards into the tendon. The limb proved to be considerably weakened compared with the opposite one.

In the Vorenej bi-weekly *Meditinskaia Bĕsĕda*, June 28, 1889, p, 334, Dr. L. B. Weinberg, relates an extremely instructive instance of an epidemic of so-called hydrophobia, discovered by him in the Vorenej Governmental record office, the document being a special report sent by General-Lieutenant Tchertkoff, who was at the time Governor of Vorenej, to the Empress Catharine II, in 1788. According to the Governor's inquiry (instituted by her Majesty's order), in April, 1785, at a local village Eritikova, a male peasant named Danĭlo Prĭpŭjenks, was bitten by an undoubtedly rabid dog. The lesions being trifling, Danĭlo soon forgot all about the accident. Shortly afterwards he was invited by a friend of his to be present at a marriage feast, in company with other ninety-nine persons (58 male and 41 female). At first everything went on quite smoothly. Danĭlo ate and drank to his heart's satisfaction and generally was as merry as all others. But, as the evening advanced, he suddenly developed symptoms of furious hydrophobia and commened to bark like a dog, and to attack and bite the people all round. Two days later he died, and that in spite of the treatment adopted. And now comes the most interesting point. The general opinion was that the poor man had succeeded in "infecting" every one of his companions. And really, immediately after the disturbed feast they all began simultaneously to experience "unusually profound depression of spirits and anxiety, agonizing headache, hydrophobia, and an irresistible tendency to run about," to which symptoms there soon supervened "profuse salivation, sleeplessness and a complete loss of reason." Some local *Znakhars* (rustic, uneducated medical practitioners, or wise-men) were at once consulted by the patients' relatives. They promised to cure every man and woman of the hydrophobics, and actually kept their word. All made a rapid and complete recovery, the treatment consisting in puncturing certain blue vesicles found under the tongue of each patient by the Znakhars, and in the internal use of a decoction made of the flower and leaves of the common dyer's genista (*Genista Tinctoria*), and given a tumblerful every morning and evening. The good Governor does not entertain any suspicion whatever that the patients were suffering from a "suggestive," and not from a genuine hydrophobia, and believed that they were cured therefrom solely by the said powerful means.

It is interesting to note that the presence of vesicles under the tongue figures largely in the literature of hydrophobia. The ancients believed in a so-called "worm," under the tongue of dogs, and Marochetti, in the early part of this century popularized in Europe the error in regard to the so-called vesicles under the tongue shown him by the Znakhars, and which since then have been known as Marochetti's vesicles—an error which imperfectly instructed writers on hydrophobia repeat to the present day. The use of genista tinctoria is also ancient and subject to periodical revivals.

VALERIUS IDELSON.

—A curious case of poisoning is reported from New South Wales. A woman who was suckling twins took a dose of chlorodyne at night and suckled the twins afterward. In the morning they showed signs of narcotic poisoning, and they died during the day.

—In recent years, in Brooklyn, typhoid fever has seemed to be especially virulent in the better portions of the city, and to be practically absent from those sections in which the sanitary conditions are inferior; so much so, that it has become a popular impression in that city that typhoid fever is a disease of the rich and well-to-do, and not of the poor.

PERISCOPE.

Keratin and Keratinized Pills.

In an article in the *Journal de Pharmacie et de Chimie* M.E. Bourquelot says: Under the name "keratin" are designated certain products obtained by exhausting different horny tissues, such as bristles, nails, horn, feathers and epidermal tissue, successively with ether, alcohol, water and dilute acids. Although these present among themselves, according to their origin, differences of composition, they may be classed under the same designation by reason of the chemical and physical properties they possess in common. In the dry state they are all very hygroscopic, but nevertheless they do not swell much in water. If they are subjected under pressure to the action of water at 150° C. they are decomposed, sulphuretted hydrogen being given off. Keratin swells in cold and dissolves in hot concentrated acetic acid. When boiled in dilute sulphuric acid it is decomposed, yielding leucine, tyrosine and asparagic acid. Keratin swells in alkalies and dissolves in them when heated, and if an acid be added to an alkaline solution sulphuretted hydrogen is evolved.

Keratin has been employed and recommended by Unna and Beiersdorf for the making of "keratinized pills" or "pills for the small intestine." Pills coated with a layer of keratin, which is insoluble in the gastric juice, are not dissolved until they reach the intestines, when they come under the action of the alkaline bile which dissolves the keratin.

The medicines which may be administered advantageously under this form are rather numerous. Among them may be mentioned:

(1) Medicines that can by prolonged contact cause irritation to the mucous membrane of the stomach: arsenic, salicylic acid, creasote, chrysarobin, quinine compounds, copaiba balsam, cubebs, ferruginous preparations and especially perchloride of iron, opium, mercurial preparations, and especially biniodide and bichloride of mercury, phosphorus and all the tænifuge preparations.

(2) Medicines that can injure the digestion by giving insoluble precipitates with pepsin and peptones: tannin, alum, acetate of lead, preparations of bismuth, nitrate of silver, corrosive sublimate, etc.

(3) Medicines that are rendered inactive or decomposed by the gastric juice; alkali, bile, soap, sulphide of calcium, sulphide of iron, pancreatin, etc.

(4) Medicines which should arrive in the intestines as concentrated as possible: kousso, santonin, extract of male fern, alkali.

For the preparation of a solution of keratin suitable for the coating of pills several formulæ have been proposed, in all of which either acetic acid or ammonia figures as a solvent. As, however, certain medicines are modified or decomposed by one or other of these substances, a choice of formula should be made according to circumstances. For instance, the acetic solution might be used for coating pills containing salts of mercury, gold or iron, arsenic, creasote, salicylic acid, tannin, alum, etc. On the other hand, an ammoniacal solution might be had recourse to for pills containing pancreatin, trypsin, bile, alkalies, sulphide of iron, etc. For certain other substances, such as naphthaline, it is immaterial which of the solutions is used.

Keratin is prepared by Unna by steeping parings of horn in a digestive liquid composed of pepsin, 1 gram, hydrochloric acid, 1 gram, and water, 11 grams, as long as the shavings yield anything to the solvent. The residue is then dissolved in ammonia by maceration lasting several weeks, after which the solution is evaporated.

Keratin is dissolved with the aid of a gentle heat either in acetic acid or ammonia and the solution is allowed to clear by standing. Fischer recommends the employment of seven parts of keratin with either 100 parts of acetic acid or a mixture of equal parts of ammonia and dilute alcohol.

If the pill mass should contain water, the pills would shrink and fissures would be produced in the keratin coating. It is, therefore, recommended to use in the making of these pills a mixture of yellow wax, 1 part, and suet or cacao butter, 10 parts. It is also necessary to avoid the use of vegetable powders and to employ in their place kaolin or charcoal powder. When the pills are finished they should be dipped in cacao butter, rolled in charcoal powder and then keratinized. For this purpose the pills, placed in a porcelain capsule, are sprinkled with a suitable quantity of keratin solution, and then shaken together until the evaporation of the solvent takes place. This moistening and drying requires to be repeated several times (as many as ten) before the

layer of keratin is sufficiently thick. The process employed for coating pills with gelatin, which consists in dipping into the solution the pill fixed on the point of a needle, is not suitable here, for it leaves a hole through the keratin coating that can never be completely closed.

In order to insure that the keratin used is insoluble in the stomach, Unna recommends that a preliminary experiment should be made with sulphide of calcium pills coated with it. If in the course of some hours after such pills are taken eructations of sulphuretted hydrogen are observed, it would indicate that the pills have been dissolved in the stomach. When the keratin is of good quality nothing of the kind should occur. Finally, to complete the test, the pills when placed in water should not liquefy or crack.—*Amer. Journal of Pharmacy*, August, 1889.

The Dispensing of Powders.

In the *American Journal of Pharmacy*, August, 1889, Mr. Thos. S. Wiegand calls attention to some of the drawbacks to the prescribing or dispensing of powders. In some of the recent issues of the drug journals, he says, the dispensing of medicines in powders has been made a subject of remark. While this form of exhibiting medicines is one of the simplest, it still must be admitted that as frequently done, even in stores of good reputation, there is a great deal of inaccuracy in the performance. In the preparation of the materials which, when compounded, form the remedy, the exact and thorough mixture of all the components frequently is not effected. Where morphine, arsenious acid, or corrosive sublimate are ordered, the division of any of these is secured by the use of a triturate of the active remedy with sugar of milk, using eight grains of the triturate to represent one grain of the remedy; these triturates are frequently kept on hand, thus making the diffusion eight times more certain.

The order in which the materials are put into the mortar is quite important, and the kind of mortar used is also to be regarded; a close-grained porcelain mortar free from any uneven places, or little flaws or holes, should always be selected for the purpose. A small portion of sugar of milk, or the mildest ingredient, is triturated in the mortar to prevent the active ingredient from adhering to the surface; after this the most active remedy is added and rubbed with that already in the mortar until thoroughly mixed, when the other active ingredients are to be added, each being well mixed with the others, and, lastly, the remainder of the least active material is added and thoroughly mixed.

The proper division of the powder into the number of papers directed is next to be accomplished. Very ingenious apparatus have been made to effect this purpose, but as yet few have been sold so far as my experience extends. The commonest way for dividing and the least reliable is to guess at it by taking out on the end of the spatula about as much as the operator thinks will make the proper quantity for one paper, and having distributed the whole quantity into the number of papers ordered, those which *seem* to be either too light or heavy are corrected; this it need only be said is *guessing* about the division.

Another and much better method is to spread the powder to be divided upon a ground-glass plate, arrange it into a parallelogram of even thickness, and mark off the number of parts into which it should be divided with a straight edge spatula across the plate. Those who practice this method succeed in making divisions that are within a fraction of a grain. Greater accuracy can be attained by using a glass slab to the underside of which has been pasted a piece of letter paper upon which have been ruled six or eight parallel lines; at right angles to these an equal number of lines have also been ruled, all at equal distances; at the margins of the paper the numbers 1, 2, 3, etc., are made between the lines so that any given number can be made by multiplying one number by any other that will give the desired number of powders.

This is a matter of great importance to physicians everywhere. In the cities, they cannot usually know what facilities for accuracy and what habits of carefulness different druggists have. But they may and should know something; while in the country they may usually know all about it.

Silicate of Sodium.

As long ago as 1862, Dumas, and almost simultaneously Rabuteau and Papillon, became interested with the silicate of sodium and its powerful antiseptic properties, pre-

venting both putrefaction and fermentation. Their results were confirmed by some other French writers, especially by Picot and Champouillon. Dubreil, Marc Sée, and other French writers afterwards affirmed that the silicate was a very valuable remedy in the treatment of chronic urethritis, vaginitis, diarrhœa, and other mucous fluxes. The remedy has not, however, succeeded in working its way into professional favor. The cause of this seems to be indicated by the recent researches of R. Lowenhaupt, who, in his inaugural thesis, records a number of experiments, and reaches the conclusion that the salicate of sodium has practically no influence upon putrefaction; that the antiseptic power which it sometimes exerts depends upon the appearance of free soda in it, the soda having the power of dissolving the fungi.—*Therapeutic Gazette*, July, 1889.

Parasitic Fetus in a Multiparous Woman.

Early in 1888 we published an account of Laloo, the Indian boy who bears a parasitic fœtus attached to his epigastrium, consisting chiefly of the four extremities and nates. Messrs. Sutton and Shattock reported the case in the *Pathological Transactions* for the same year. Another case of parasitic fetus is described by Dr. E. Bugnion in the *Revue Medicale de la Suisse Romande* for June, 1889. The patient, whose photogravure adorns the paper, is a well-developed young woman with regular features. She was born in 1869. In front of the pubes is attached a rudimentary pelvis bearing two long, deformed, and partly atrophied lower extremities. Rudimentary nipples were found in the integument of the autosites's groin on each side of the attachment of the pedicle of the parasite. There was no signs of any external genitals on the parasite. The vulvar orifice of the autosite is anteriorly encroached upon by the parasite, and is pushed backwards so that the perineum is reduced to a thin septum. The autosite, Louise L., of Reims, walks well; the monstrosity shows but little. She married three months before her fifteenth birthday. In March, 1885, her first, and in December, 1888, her second child was born. She was suckling the latter when Dr. Bugnion examined her. He describes her as a dipygus parasiticus, or more strictly as a *pubimèle* or *pygomèle pubien*. She is known as the *dame à quatre jambes*, and has been on show for some time, after the fashion of most monsters.—*British Med. Journal*, July 20, 1889.

Death from Chloroform.

A case of death under chloroform narcosis recently occurred at University College Hospital. A powerfully-built man, aged 56, was admitted on June 15th on account of extensive epitheliomatous ulceration affecting the tongue and floor of the mouth. As he had been an habitual drunkard he was kept in the hospital and prepared for the operation, which took place on June 27. Although he was stated to have had an attack of acute Bright's disease, with extensive œdema, he was, at the time of the operation, free from albuminuria. While in hospital he had an epileptic fit; there was a history of previous fits. The operation undertaken was removal of the anterior half of the tongue and incisor portion of the jaw. Chloroform was administered by a house physician, who employed Junker's inhaler. The patient was a somewhat longer time than usual in going off, but otherwise took the anæsthetic well, until, at the close of the operation, he became restless, and in order to place the lip stitches it was necessary to push the anæsthetic. During the operation very little blood was lost and the pulse was good. As soon as the chloroform was again resumed the patient's face became cyanotic and respiration stopped. The stump of the tongue was dragged forward—it had been kept well forward with a string all along—and one deep inspiration followed. An attempt was made to catheterize the larynx, when another deep gasp occurred. Subsequently to this no respirations took place, although artificial respiration was maintained for some time, having been commenced as soon as breathing appeared hampered. Laryngotomy was performed, but without effect. Indeed, there did not appear to be any mechanical hindrance to respiration. All the usual means of resuscitation were adopted, but without avail. A *post-mortem* examination revealed a practically healthy heart-muscle, but extensively adherent pleuræ. It may be added that the heart-sounds were noted at the time of the operation, and were of normal character. It seems almost impossible that any further precautions could have been taken in this

case, or that anything could have prevented its occurrence; no appreciable shock was evidenced and no contra-indication for the anæsthetic present.—*British Med. Journal*, July 13, 1889.

Physiological Albuminuria.

Dr. Hans Malfatti, of the Laboratory for Applied Medical Chemistry at Innsbrück, controverts the belief that albumen or serum albumen is one of the normal constituents of urine in healthy subjects. He mentions the case of a healthy man in whom the ordinary tests apparently proved the presence of albumen, while Heller's test gave negative results. There was also a singular want of correspondence between the various reactions, as either the test by boiling seemed very satisfactory and acetic acid and ferrocyanide of potassium gave no reaction, or *vice versâ*. Filtration after the test by boiling did not always remove the apparent albumen, which was still discoverable in the filtered urine by ferrocyanide of potassium, especially when chloride or acetate of sodium had been added before boiling. The addition of ferrocyanide of potassium after boiling and adding acetic acid increased the turbidity considerably. When the urine mixed with acetic acid had been allowed to stand, and was then filtered, acetic acid and ferrocyanide of potassium did not make it so turbid, and had sometimes no effect at all, when the same filter was used repeatedly, especially with the addition of acid phosphate of soda, which sometimes prevented the occurrence of turbidity even after a single filtration. After the urine had been treated by reagents which throw down mucin, but not albumen, no albumen could be found, though many tests were tried. The author concludes from his experiments that in the case reported by him albumen was either entirely absent or present in an extremely small quantity only (one in from two million to four million parts). He considers that the body which has given rise to the supposition that albumen occurs in physiological urine is not an albumen, but a kind of mucin, which is easily broken up into typical mucin and a peptone-like body, and he believes that the presence of albumen in the urine of apparently healthy persons is really indicative of a morbid process, though not necessarily of one of at all a serious character.—*Lancet*, Aug. 10, 1889.

Transplanting a Chicken's Cornea.

The *Progrès Médical*, July 13, 1889, announces—but rather sceptically—that Dr. Gravenigo, of the University of Padua, has been successful in an operation which has been tried hitherto in vain in France and elsewhere. This operation consists in grafting the cornea of a chicken upon a human eye. The graft was made recently, and the cornea is said to be very transparent, shining, and convex.

Medical Examiners for Tennessee.

The Governor of Tennessee has appointed the six members of the State Board of Medical Examiners, and they have organized with Dr. James B. Murfree of Murfreesboro' as president, and Dr. T. J. Happel as secretary. According to the law not more than four members may be appointed from the same school of practice. In addition to the above there have been appointed Dr. E. E. Hunter of Elizabethtown and Dr. Heber Jones of Memphis; with Dr. W. B. Halbert (eclectic) and Dr. T. H. Hicks (homœopath).

Baldness and Dandruff.

The *Cincinnati Lancet-Clinic*, June 15, 1889, says that a solution of chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff, and prevent its falling out from that cause. In many instances where the patient is nearly bald, the application of the above-mentioned solution will restore the hair. Arnica oil is also an admirable remedy to promote the growth of hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.

Treatment of Typhoid Fever.

Dr. A. G. Carr, of Durham, N. C., according to the *Virginia Medical Monthly*, June, 1889, uses the following formula in the treatment of typhoid fever:

℞ Naphthalini . . . . . gr. vj
Pulv. carbo. ligni . . . . . gr. xij
Quin. sulph. . . . . ʒ j

Mix. Make twelve capsules. Sig. From 3 to 6 capsules—all in the morning.

He also gives five grains of antipyrin, in compressed tablet, and generally in the afternoon, if the fever rises high.

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CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

PROPHYLAXIS OF TUBERCULOSIS.

The communicability of tuberculosis is a doctrine which has had advocates in every age; but it has become prominent since 1865, when Villemin showed that tuberculosis could be communicated to rabbits and guinea-pigs by subcutaneous inoculation of tuberculous matter, and especially since 1882, when Koch demonstrated the constant presence of a certain bacillus in the lesions of the disease. These discoveries have been abundantly confirmed by many pathologists; so that at the present day the communicability of the disease by direct inoculation is a well-established fact. But many clinical observers have gone much further, and now maintain that tuberculosis is communicable also through intimate association with phthisical patients, and by inhalation of their expired air; by eating the meat of tuberculous animals, and by drinking the milk of tuberculous cows. There is, we believe, no really trustworthy evidence to establish such extreme views; and yet the Committee appointed by the French Congress on Tuberculosis has reported in favor of prophylactic measures evidently founded upon them. The Congress met over a year ago, but the report of its Committee has been so long delayed that it came up for discussion before the Academy of Medicine, of Paris, for the first time on August 6, 1889. In opening the discussion, Dr. Dujardin-Beaumetz objected to some parts of the report, and, in particular, declared his belief that the transmission of the disease by means of food was absolutely exceptional, and that milk was contagious only when the cow giving it had tuberculous disease of the udder. Germain Sée was more pronounced in his opposition to the recommendations of the Committee. This distinguished observer asserted that tuberculosis could not be communicated through the expired air of a phthisical patient; because the specific bacillus is developed only in the human or other animal organism, and can reach the atmosphere only through the sputum, which, of course, has first to be dried and pulverized before it can be inhaled. The accuracy of this statement may be questioned; but it cannot be successfully controverted. It is true that the mortality from phthisis among those who live in barracks, boarding-houses, prisons, and in other places where there is herding together, is greater than in the population at large; but the contagion in these cases cannot be through the atmosphere, or else the mortality would be exceptionally high among the nurses and attendants in such places as the Brompton Hospital for consumptives, where six hundred patients are usually under treatment at all times. But this is not found to be the case.

With reference to contagion through meat and blood, the Committee says, that the

parasite of tuberculosis may be met with in the muscles and in the blood of animals which serve for food; that rare meat, partly cooked meat, and blood may contain the living germ of tuberculosis, and therefore that their use should be prohibited. According to Germain Sée, however, the virulence of tuberculosis is confined to the lesions of the disease, while the blood and the muscle-juice possess it only very exceptionally. Nocard, for example, has inoculated guinea-pigs with the juice of meat taken from cows with generalized tuberculosis; the inoculations were intra-peritoneal, but not one of the animals contracted the disease. Of course, if *inoculation* has proved negative, as in the experiment cited, and in others like it, simple *ingestion* of the meat must be practically harmless, especially in view of the fact that the gastric juice is capable of destroying the bacillus after contact with it for some hours.

There may be said, therefore, to be no clinical, and very little if any pathological, evidence that tuberculous meat has infective power. It is quite probable that the frequency of tuberculosis in animals has been exaggerated; and if it were proved that meat from such animals is capable, when eaten, of communicating the disease, there would still be no warrant for prohibiting the use of all rare meat. It is fortunate that it is so, for otherwise cachectic, anemic and chlorotic patients, and convalescents would be deprived of a very valuable food and blood-maker, of which nothing will fully take the place.

We feel compelled to say that the report in question greatly exaggerates the contagiousness of tuberculosis, and is calculated to excite needless alarm. Notwithstanding the record of many remarkable cases, it cannot be said to be proved that tuberculosis of the lungs is contagious by contact, or intimate association, and there is no good reason for believing it can be acquired by inhaling the expired air of phthisical patients. Meat from a tuberculous animal, if cooked as it ordinarily is for the tables, can not communicate the disease; nor can milk, except possibly when it comes from a cow with tuberculous mammitis, and is taken by a person much run down in health and predisposed to consumption—and even this danger is purely hypothetical. The dried pulverized sputum of a phthisical patient may communicate the disease, and therefore sputum should be collected in a suitable receptacle and kept moist until burned. It is, however, as impracticable as it is needless to try to sterilize every particle of meat and every mouthful of milk intended for use by human beings.

The opposition to the extreme views embodied in the report of the Committee of the Academy of Medicine does not come from the ultra-conservative members of the profession only; and the eminence of Dujardin-Beaumetz and Germain Sée among French physicians justifies the hope that they will have sufficient influence to effect such amendments to it as will rob it of its alarmist tone and make it appeal to the good sense of medical men everywhere.

EXPERIMENTS IN REGARD TO RABIES IN 1888.

Although, as the readers of the REPORTER know, very little has been done in this country in the way of repeating the experimental work of Pasteur in relation with rabies, and nothing at all, except a few miserable fiascos, toward introducing here his method for preventing the outbreak of hydrophobia in human beings bitten by animals supposed to be rabid, a good deal of work has gone on in Europe in regard to both. Most of this tends to confirm the belief that, by Pasteur's methods, a virus can be obtained which will, in rabbits, produce a disease fairly consistent in its period of incubation, symptoms and issue; and that after preliminary introduction into the system of this virus in an attenuated form, inoculation with the stronger forms is gener-

ally harmless. Justice to facts requires the admission of this much.

Our readers are aware that we see no connection between the artificial disease thus produced and manipulated in the lower animals and what is called "hydrophobia" in human beings, and that we find—in addition to the objections from a purely scientific standpoint—a strong practical objection to the introduction of Pasteur's "protective method" for human beings in the fact that deaths from hydrophobia are more numerous where it is used than where it is not, and that deaths from hydrophobia in France are more numerous now than before Pasteur undertook to prevent them. Nevertheless, there is no reason for ignoring the study of the subject which is going on in various parts of Europe; and the construction which we may put upon the observations of our intelligent and conscientious confrères does not invalidate the worth of their experiments. The facts which they gather may not admit of just the interpretation they give them—or, for that matter, which we give them—but the time will come when the correct interpretation will be found, and then Science and Humanity will both be gainers.

The observations in regard to experimental rabies for the year 1888 have recently been well summarized by Dr. Carl Günther, of Berlin, who has been publishing a series of articles, in the *Deutsche med. Wochenschrift*, upon "The most important Occurrences of the Year 1888 in the Field of Bacteriology." In the issue of that journal for August 15, 1889, he takes up the subject of rabies. According to him, Zagari, after numerous experiments, has never observed the transferrence of the poison of rabies to the fetus or to the offspring in the milk. Galtier asserts that in thin layers the dried poison of rabies loses its virulence in a short time; but the buried organs of animals which have died of rabies are still virulent after the lapse of six weeks, often when decomposition has made considerable progress. Novi demonstrated, by experiments upon animals, the presence of a virulent poison in the bodies of maggots which had been found in the dead body of a person who had died of rabies. Bujwid, after testing experimentally the conditions affecting rabies, has adopted Pasteur's views. He has also tested Pasteur's so-called "intensive" method of treatment upon several hundred (a rather vague number) men supposed to have been bitten by mad dogs; and he has pronounced himself in favor of this "intensive" method. In his application of it, he says he has never met with a single death. Protopopoff believes that it is not necessary to make as many inoculations as Pasteur employs, in order to secure to dogs immunity against experimental rabies. Dogs which received, in the first place, an intravenous injection of an emulsion made from a rabbit's spinal cord that had been dried for six days, then after three days a similar injection of an emulsion made from a cord dried three days, and after three days more an injection with an emulsion made from a cord dried one day possessed immunity against subdural inoculation with "fixed virus"—that is to say, against the most dangerous form of experimental infection. The author has further drawn attention to the fact that it is necessary, in order to secure to animals effective immunity, that the first virus employed should be strong enough to kill rabbits, inoculated by trephining, after a period of incubation of ten or twelve days. The strength of the first material used for inoculation should be one-half that of the second. Galtier makes the suggestion that herbivora and swine, which have been bitten by rabid dogs, can be protected surely against the outbreak of rabies by an intravenous injection of the poison of rabies, made in the course of the first twenty-four hours after the bite, the injection being repeated at an interval of from several hours to a day later. The virus which he employs is prepared from the medulla oblongata of the

animal inflicting the bite. The immunity thus obtained is said by Nocard and Roux to be only against infection with "street rabies," not against the "fixed virus."

In going over this summary, it will not escape the notice of our readers that only one of the observers quoted has anything to say in regard to rabies or hydrophobia in the human being, and that one approves a method which Pasteur has abandoned, and claims results which are at the same time vague and extravagant. Taken at its legitimate value, the whole series cannot be regarded as pointing to any very clear or very useful generalizations, or as adding much to the force of Pasteur's claims. Still, the facts are given, and our readers may judge of the conclusions for themselves.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS, A TEXT-BOOK FOR VETERINARY AND MEDICAL STUDENTS AND PRACTITIONERS. By ROBERT MEADE SMITH, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania, etc. 8vo, pp. 938. With 416 illustrations. Philadelphia and London: F. A. Davis, 1889. Price, cloth, $6.00.

Dr. Smith states, in the preface to this book, that hitherto English-speaking students have had absolutely no work to which they could turn to obtain the application of the laws of physiology to the functions of the domestic animals. He has found it a serious disadvantage in lecturing to students that they have been compelled to rely solely on the notes which they may have been able to take during the lectures; the present work will obviate this disadvantage, and prove a very acceptable contribution to veterinary medicine.

The first part of the book deals with the general principles of biology, including the structure of organized bodies, cellular physics and cellular chemistry; the second part treats of the nutritive functions, and of circulation, respiration and excretion; and also of the animal functions, the author including under this head the physiology of movement and of the nervous system. The third part is taken up with an excellent review of the reproductive functions and of the reproductive processes. At the close of the book will be found a series of illustrations giving the attitude of a horse at successive instants and in the different gaits of walking, ambling, pacing, trotting, cantering and running. These are, in all probability, reproductions of instantaneous photographs taken from life, and they are an exceedingly interesting and instructive study in the physiology of movement.

The author is necessarily indebted for much of the material of the book to the French and German writers on the subject; this he frankly acknowledges, as he does also the sources of the numerous illustrations, which add greatly to the value of the work. It is a matter of some regret that the book is so large, and that there are so many solid pages—pages without side heads or distinguishing paragraphs or differences of type, so that the student can separate the essential parts from the unessential details. We are glad to say, however, that the book is an excellent one, and we can recommend it to those of our readers who are interested in veterinary medicine.

STRATHPEFFER SPA: ITS CLIMATE AND WATERS. By FORTESCUE FOX, M. D. (Lond.), Fellow of the Medical Society of London. 8vo, pp. xvii, 165. Illustrated. London: H. K. Lewis, 1889. Price, two shillings and sixpence.

This little book gives an excellent account of Strathpeffer Spa, a health resort situated in the Highlands of Scotland, about twenty miles northwest of Inverness. The Spa had a local reputation for the curative properties of its waters as early as 1772, but owing to the lack of accommodations it has only of late years come to general notice. Dr. Fox describes the springs and their surroundings in an entertaining manner, and gives a very good map of Strathpeffer and the region around it as far as Inverness. This adds much to the value of the book as a guide for visitors. It appears from the chapter on climate that the summers at Strathpeffer are decidedly cooler than in the South of England, but are bright, breezy and dry, especially in June and August; while the winters, though colder than in the neighborhood of London, are free from fogs and mists.

The chief waters of the Spa are cold sulphur waters, though there is a chalybeate spring also. The diseases suitable for treatment at the Spa are mentioned, and a number of illustrative cases are given. The book concludes with an account of the excursions which may be made from Strathpeffer, and with directions for reaching the latter.

The tone of the book is praiseworthy; the author has noted the admirable features of the health resort without overlooking its deficiencies. The publisher may be complimented on the handsome appearance of the book.

THE URINE, THE COMMON POISONS, AND THE MILK. MEMORANDA, CHEMICAL AND MICROSCOPICAL, FOR LABORATORY USE. By J. W. HOLLAND, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, of Philadelphia. Illustrated. Third Edition, revised and much enlarged. 8vo, pp. 84. Philadelphia: P. Blakiston, Son & Co., 1889. Price, $1.00.

This excellent little manual is a type, in method and arrangement, of what books should be which are intended for use by students in the laboratory. The descriptions and instructions are concise, blank leaves are left between the printed ones for memoranda, and the more important subject-matter is printed in larger type. Good illustrations of the normal and abnormal substances found in the urine, and of apparatus to be employed in the various manipulations, are a valuable feature of the book, and are of assistance in making the text clear. It should also be mentioned that the book opens in note-book shape, which makes it convenient for carrying in the pocket, and increases its usefulness as a book for ready reference. It is to the

publisher's credit that when opened the leaves *stay* open, at any desired page.

The book may safely be recommended as a convenient laboratory guide, especially to medical students.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and *enclosing a postage-stamp*.]

327. A CASE OF NASAL COLOBOMA OF THE CHOROID. G. E. DE SCHWEINITZ, M. D., and B. ALEXANDER RANDALL, M. D., Philadelphia. *Archives of Ophthalmology*, 1889, No. 4. 4 pages.

328. ETIOLOGY OF DIPHTHERIA. SAMUEL N. NELSON, M. D., Boston. *Boston Med. and Surg. Journal*, March 14, 1889. 9 pages.

329. ANTIPARISITARE BEHANDLUNG DER LUNGENSCHWINDSUCHT. DR. F. WESENER, Freiburg, Germany. *Centralbl. f. Bacteriologie u. Parisitenkunde*, No. 16, 1888. 61 pages.

330. COMMON MEMBRANOUS SORE THROAT. J. SOLIS SOLIS-COHEN, M. D., Philadelphia. *N. Y. Med. Jour.*, March 23, 1889. 6 pages.

331. WESEN UND MECHANICHEN BEHANDLUNG DES MUSKELRHEUMATISMUS. DR. JOSEF SCHREIBER, Aussee-Meran. *Dutsche med. Wochenschr.*, 1889, Nos. 9 and 10.

332. THE RESUSCITATION OF ASPHYXIATED NEW-BORN INFANTS BY THE SUSPENSION METHOD. LLEWELLYN B. ELIOT, M. D., Washington, D. C. *Trans. Amer. Assoc. of Obstetricians and Gynecologists*, Sept., 1889. 7 pages.

333. REPORT OF TWO CASES OF EXTRA-UTERINE PREGNANCY. JOSEPH PRICE, M. D., Philadelphia. *Practice*, Jan., 1889. 7 pages.

334. CONSIDERATION OF SOME OF THE RECENT WORK IN ABDOMINAL SURGERY. JOSEPH PRICE, M. D., Philadelphia. *Buffalo Med. and Surg. Jour.*, December, 1888. 15 pages.

335. ACTINOMYCOSIS IN MAN, WITH A REPORT OF A CASE. GEORGE A. BODAMER, M. D., Philadelphia. *Medical News*, March 2, 1889. 8 pages.

336. FIXED UTERI. UTERINE HEMORRHAGE. WM. L. TAYLOR, M. D., Philadelphia. 16 pages.

337. INSANITARY AGENTS IN COMMON USE: TREES, REFRIGERATORS, ICE-BOXES, FILTERS. JOHN MORRIS, M. D., Baltimore, Md. *Trans. Med. and Chir. Faculty of Maryland*, 1888. 6 pages.

327. This is a description of an extremely interesting case, one, in fact, which the writers of the paper state is unique. It is illustrated with a beautiful colored plate, which gives a better idea of the condition than could possible be conveyed by means of words.

328. Dr. Nelson gives a preliminary account of the present status of medical knowledge in regard to the etiology of diphtheria, and follows this with an account of experiments of his own to determine the effect of cultivation and inoculation of the membrane in a case of diphtheria, in a child in whom tracheotomy was performed, and which died soon after. The result of his experiments was to produce what he believes was diphtheria in guinea-pigs, when carried to the ninth generation of culture. In addition Dr. Nelson himself had an attack of diphtheria while conducting his experiments.

329. This pamphlet of Dr. Wesener's is a perfect treasure house of information in regard to the subject of the treatment of phthisis pulmonalis by means addressed to the baccilli to which it is attributed. A large variety of means and measures are here passed in view, and a wonderful acquaintance with the literature of the subject is displayed. Those who are engaged in the study of this interesting subject may well turn their attention to this pamphlet, as it will save them many an hour of painful research.

330. This is a short and accurate account of the nature and treatment of a common disorder. As might be expected, in view of its author, it covers the ground completely, and deals with the subject authoritatively and conclusively.

331. Dr. Schreiber's views in regard to the mechanical treatment of rheumatism are well known. He believes that most excellent results can be secured by manipulation, and holds that the hand is the best medium for applying this method. Other German writers have opposed his views: some holding that manipulation is not so effective as he thinks, and others that machines may be made to do the work as well. The pamphlet before us defines Dr. Schreiber's opinions, and defends them from the criticisms to which they have been subjected. This is done in a most interesting manner. His pamphlet is entertaining, and replies in detail to a criticism by Dr. Nebel.

332. Dr. Eliot advocates the advantages of suspending the bodies of children born apparently asphyxiated. This is to be done with the body of the child inverted. He cites two cases in which he has practiced this method with striking results. In one the inversion and suspension were maintained for twenty minutes. He thinks many children, reported as stillborn, could be saved if this method were fully understood and faithfully carried out.

333. Dr. Price describes in a sketchy manner the history of two cases of extra-uterine pregnancy upon which he operated successfully. His pamphlet contains also a letter from Dr. Formad, Coroner's Physician of Philadelphia, in regard to the frequency with which he observes the evidences of extra-uterine pregnacy in the autopsies he conducts in Coroner's cases in this city.

334. In this pamphlet Dr. Price expresses his views in regard to the importance of the modern ideas of abdominal surgery. He criticises some of the methods of Prof. Martin, of Berlin, and applauds those of Bantock and Tait. His own remarks are followed by those of Dr. Parvin, Dr. M. Price, Dr. John B. Roberts, Dr. H. A. Kelly, Dr. Baldy, and Dr. George E. Shoemaker. The whole is exceedingly interesting, although the views expressed—as will be understood by those who are acquainted with the opinions of the debaters—are not precisely the same.

335. In this pamphlet Dr. Bodamer describes with clearness and succinctness the history of an exceedingly rare case. Antinomycosis in man has been observed quite a number of times in Europe, and has been carefully studied there; but only four cases had been recorded in America when this one was investigated. The account of the case is illustrated with a cut showing the appearance of the patient, and another giving the characteristics of the fungus. As Dr. Bodamer has studied actinomycosis in the lower animals, he is especially fitted to appreciate the points of scientific interest in connection

with the case in man under his care, and the result is a valuable contribution to the literature of the subject.

336. These two papers deal with practical subjects. Dr. Taylor has had a large experience in private practice, and as a gynecologist in the Hospital of the University of Pennsylvania, and he describes the conditions of fixation of the uterus in consequence of inflammatory adhesions, and abnormal hemorrhage from the uterus, and the means which he has found best for managing them.

337. Persons interested in public hygiene will find interesting matter in this paper, although it is likely they will not approve all of its statements. Some of them, such as that "the leafage of trees intercepts a large proportion of the rainfall" we do not think will pass muster in scientific circles, unless the word "large" is taken in a different sense from that which the sentence seems to imply. In the main the statements of Dr. Morris are accurate, however; and he does well to call attention to dangers in such domestic apparatus as he considers.

LITERARY NOTES.

—Dr. W. W. Keen, of Philadelphia, contributes to *Harper's Magazine* for October a paper upon "Recent Progress in Surgery," in which he points out the astonishing advance in this department of medicine. He maintains that "America can rightly boast of playing the chief role in effecting the change that has taken place."

NOTES AND COMMENTS.

Suture of the Bladder after Supra-Pubic Lithotomy.

In the *Lancet*, Aug. 10, 1889, Mr. C. J. Bond, Surgeon to the Leicester Infirmary, has an admirable article on supra-pubic lithotomy and cystotomy, with especial reference to suture of the bladder. In regard to the latter he makes some suggestions well worthy of being repeated.

In four of the six cases operated on the bladder wound was carefully sutured. All of these wounds healed by primary union, and there was no leakage from the wound after the first twenty-four hours. Two of the patients were boys under twelve, and two were adults over forty. The method of operation approved by Mr. Bond is as follows: The bladder is distended with boric acid lotion until it rose well above the pubes. In the adult this may require the injection of from twenty to thirty ounces; latterly in children, and in adults he has not distended the rectum at all. The coats of the bladder are then cut down upon and exposed without any dissection, the peritoneal fat and areolar tissue in front of it being drawn upwards from below by the forefinger of the left hand. This is a point of some importance, as it prevents hemorrhage, and the bladder can be reached when not so distended or prominent as usual. A fine No. o silk suture is then passed, by means of a doubly curved needle with an eye at the point (figured in the *Lancet*), through the muscular coats at the upper end of the wound, and as near the peritoneal reflexion as possible. This marks the upper limit of the incision, and serves to hold up the bladder. It is very important to make the incision as near the top of the bladder as possible, as the ease with which the subsequent sutures are introduced depends on this point. After the incision and extraction of the stone the bladder is thoroughly irrigated with antiseptic lotion, and the sutures are introduced. These are of very fine No. o silk, and are passed through the muscular coat on either side of the incision by means of the doubly curved needle mentioned above. They are very close together, and are inserted while the wound is held on the stretch by the upper suture. They thus tend to approximate even more closely as the bladder contracts. Especial care is taken to pass the lower suture below the level of the actual incision. The abdominal incision is then sutured and dressed with dry dressings, a drainage-tube being left at the lower angle. No catheter is left in the bladder.

It is noteworthy that in three out of the four cases some urine escaped between the bladder stitches on the first occasions of passing urine within twelve hours after operation, and this occurred whether a catheter was used or not. In none of the cases was a catheter necessary after the first twenty-four hours, and in the last case, an adult, the urine was drawn off six hours after operation, and none escaped from the wound. In none of the cases did this escape of urine between the stitches delay the union, which appeared to be complete in thirty-six hours, all the urine being then passed naturally.

In stout men the difficulty in suturing the bladder, though considerable, is by no means insurmountable, and the points of greatest importance in order to insure success appear to be: First, to produce a healthy, acid condition of the urine before operation, by means of rest in bed and the administration of boric acid internally, in from five to ten-grain doses thrice daily for some days before operation. The effect of

this drug in clearing up the foul alkaline urine and relieving the cystitis caused by calculus is very marked even in from twelve to twenty-four hours after administration. Second, care must be taken to avoid bruising, either by handling or by dissection, of the coats of the bladder. Third, the suturing must be done very closely and with very fine silk, care being taken to close both angles of the wound. Fourth, no catheter should be left in the bladder, and the instrument should be used as little as possible after operation. Finally, the escape of acid normal urine between the stitches during the first twelve hours after operation does not in any way prevent primary union of the wound.

In comparing the after-condition of those patients in whom after supra-pubic lithotomy the wound has been closed and unites by primary union with the condition of those in whom the wound is left open and unites by granulation, Mr. Bond is inclined to think that the granulating process, accompanied as it is by the formation of cicatricial tissue binding the bladder to the abdominal wall, leads occasionally to some inconvenience. In the first of his two cases in which the wound was allowed to heal by granulation the patient complained for some months after the wound was healed of a painful dragging sensation above the pubes when he emptied his bladder, as though it was anchored at this spot and did not readily slide beneath the peritoneum into the pelvis when emptied. This fact, and the great shortening of the period of convalescence when the bladder wound is closed by suture, point to the strong desirability of attempting this in suitable cases; for if, unfortunately, primary union does not occur, yet even then no harm has been done.

American Public Health Association.

The Seventeenth Annual Meeting of this Association will be held in the Brooklyn Institute, October 22, 23, 24, 25, 1889. Addresses of welcome will be delivered by Hon. Alfred C. Chapin, Mayor, on behalf of the City, and by Alexander Hutchins, M. D., on behalf of the Medical Profession. The following topics have been selected for consideration at the meeting: The Causes and Prevention of Infant Mortality; Railway Sanitation; (*a*) Heating and ventilation of railway passenger coaches—(*b*) Water-supply, water-closets, etc.—(*c*) Carrying passengers infected with communicable diseases; Steamship Sanitation; Methods of Scientific Cooking; Yellow Fever; (*a*) The unprotected avenues through which yellow fever is liable to be brought in the United States—(*b*) The Sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever—(*c*) The course to be taken by local health authorities upon the outbreak of yellow fever; The Prevention and Restriction of Tuberculosis in Man; Methods of Prevention of Diphtheria, with results of such Methods; How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria; Compulsory Vaccination; Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions. Exhibition of sanitary good and appliances in another large hall close by.

Continental Anglo-American Medical Society.

The Continental Anglo-American Medical Association, the organization of which was announced in the REPORTER some time ago, has completed an organization with Dr. Thomas Linn as Secretary. Notification has been sent out that the First Annual Public Dinner will take place at the Grand Hotel in Paris, Sept. 30, 1889. Members of the Association are notified that they have a right to take tickets for, and invite to the public dinner, such friends as they wish to be present, due notice being given to the Secretary beforehand as to the number of invited guests.

The principal object of this first meeting is to bring the members into personal relationship with each other, and to re-organize the Society's work.

The following are the Honorary Presidents: Sir Spencer Wells, Sir Joseph Lister, Dr. Richard Quain, Professor Ball, Professor Brown-Séquard, Dr. Ricord, Dr. J. S. Billings, Dr. Fordyce Barker, and Dr. S. Weir Mitchell.

Pennsylvania Homœopathic Medical Society.

The Homœopathic State Medical Association held its twenty-fifth annual session in Pittsburgh Sept. 17-19. Dr. Miller, of Pittsburgh, welcomed the delegates, and President Trites, of Philadelphia, followed with the annual address. The paper was congratula-

tory of the progress of homœopathy in Pennsylvania during the past quarter of a century, and full of statistics of the work done by homœopathic hospitals and physicians of the State. It recommended that the State authorities be urged to give the school representation upon the medical staffs of the various public institutions, and to give its representatives entire control of the next institution for the insane that may be established. It was decided to make an effort to have the State appropriate sufficient money to establish a State homœopathic hospital for the insane. A committee was appointed to bring the matter of the appointment of a State Medical Examining Board before the Legislature at the next session.

Death of Mr. Walter Coulson.

From an English exchange (*Lancet*, Sept. 7, 1889) we learn that Mr. Walter Coulson, a distinguished English surgeon, died somewhat suddenly Aug. 30, at the age of fifty-five years. On Aug. 21, Mr. Coulson, having suffered a long while from chronic rhinitis and exostoses in the external auditory meatus on both sides, underwent cauterization treatment at the hands of Mr. Lennox Browne, who at the same time removed the uvula. On Aug. 24, Mr. Coulson complained of intense pain in the right ear. This became excessive by Sunday night, when the tympanic membrane burst and discharged pus through the external meatus. The pain was referred by Mr. Coulson to the back of the head. No symptoms of mastoiditis presented themselves. On the 26th he had a slight rigor, and then grave nervous symptoms commenced. On Aug. 29, Dr. Hughlings Jackson saw him and found him nearly comatose, hemiparetic, and with a high temperature. Diagnosticating cerebral abscess in a preliminary stage, he strongly urged trephining. Mr. Victor Horsley saw Mr. Coulson the same day, two hours later, and found left graduated hemiplegia from the face downwards, conjugate deviation of the head and eyes to the right; diminution of the deep reflexes on the left side; exaggeration of those on the right; temperature 6° higher on the paralyzed side, etc. Mr. Horsley therefore made the diagnosis of suppurative meningitis extending over the motor area. Trepining as an exploratory measure was then resorted to. The temporosphenoidal lobe was exposed, and the dura mater opened. Very little clear cerebrospinal fluid escaped, and the brain bulged, but repeated tappings failed to strike pus anywhere. Trephining of the middle of the fissure of Rolando revealed a large area in which the membranes were infiltrated with pus to the depth of a quarter of an inch, and the brain was softened beneath for a considerable distance. It was clearly impossible to do more, especially in view of the patient's critical condition. During the night Mr. Coulson recovered consciousness so far as to give rational answers to questions, and he evidently understood the conversation in the room. However, the progress of the malady could not of course be arrested. The temperature rose to 104°, the pulse to 140, and the respiration to 50 per minute, and he died at about 5 P. M., Aug. 30. Mr. Walter Coulson, who was practically the founder of St. Peter's Hospital for Stone, was the nephew of the late Mr. William Coulson, Surgeon at St. Mary's Hospital.

United States Veterinary Medical Association.

The annual meeting of the United States Veterinary Medical Association was held in Brooklyn, Sept. 17. Dr. R. S. Huidekoper presided, and Mr. Hoskins acted as secretary. Mr. Coates, Chairman of the Committee on Intelligence and Education, read a report approving the recent law forbidding persons from practicing as veterinary surgeons unless they were graduates from a regular college. A. W. Clement read a paper on contagious and infectious diseases. William H. Pendry, on behalf of the Committee on Army Agitation, reported progress in regard to the bill presented in the last Congress by S. V. White, making veterinary surgeons in the United States Army regular commissioned officers. He said there was every prospect of the bill passing the next Congress.

Three Abdominal Sections on One Patient in Two Months.

Dr. Thos. H. Hawkins, of Denver, Colo., performed laparotomy for puerperal septicemia with pelvic peritonitis, etc., April 1, 1889; two weeks later, laparotomy, and evacuated an abscess of the left broad ligament; eighteen days later, a third laparotomy, and found a small abscess pocket in a cul de sac. June 8 the patient was well.—*Denver Medical Times*, July, 1889.

Second Dentition.

Professor Ivan V. Troïtzky, of Kïev, discusses (*Transactions of the Third Meeting of Russian Medical Men, at St. Petersburg*, 1889) the question of the second dentition, under which name he describes the appearance of the first great molars. The dentition is said to occur in children at the age of from four and a quarter to six and a half years, and to cover a period of, on the average, from nine to sixteen months. In exceptional cases, however, the teeth may come out at an earlier or a later age. The intervals between the appearance of individual teeth may vary from one to four months. The upper teeth develop earlier than the lower ones, but in all other respects there does not exist any order of consecutiveness in the dentition proceeding at four points. The process is commonly accompanied by local symptoms, such as swelling and tenderness of the gums, increased salivation, and toothache; reflex general phenomena, however, are observed very seldom. The upper teeth have four tubercles, the lower ones five. Caries of the third molars in children under nine years of age is a rare occurrence, but later on it distinctly increases in frequency, though it does not attain—at least, in Russian children—the high percentage given by Andrien. Caries of the lesser molars is met with pretty often, but coincides with that of the secondary teeth only very rarely. Toothache in children of four or five years of age is caused, the author says, solely by the dentition of the third molars.

London Smoke.

The weight of the smoke-cloud which daily hangs over London has been estimated by Professor Chandler Roberts, says the *Engineering Times*, to amount to about 50 tons of solid carbon and 250 tons of carbon in the form of hydrocarbon and carbonic-oxide gases. Calculated from the actual result of tests made by the Smoke Abatement Committee, the value of coal wasted in smoke from domestic grates amounts, upon the annual consumption of 5,000,000 of people, to £2,256,500. The cost of cartage on this wasted coal is calculated to be £268,750, while the unnecessary passage of about 1,500,000 horses through the streets in drawing it, adds seriously to the cost of street cleaning and repairing. Then there is the cost of taking away the extra ashes, £43,000 per year. Summing it all up, the direct and indirect cost of waste coal may be set down at £2,600,000, plus the additional loss from the damage done to property caused by the smoky atmosphere, estimated by Mr. Chadwick at £2,000,000, the whole aggregating £4,600,000.

Digestive Tablets.

L'Abeille Médicale, of April 27, 1889, gives the two following "antifermentative" formulas as prescribed by Dr. Dujardin-Beaumetz:

℞ Salicylate of bismuth,
Magnesia,
Bicarbonate of soda, of each 2½ drachms.
Make into thirty powders or tablets.

℞ Salicylate of bismuth,
Naphthol,
Magnesia, of each 2½ drachms.
Make into thirty powders or tablets.

Dose: One tablet at breakfast and one at dinner.

They are said to be especially valuable in dilatation of the stomach caused by fermentation.

Collar Button in the Larynx.

The following case reported by Dr. W. S. Taylor, of Livermore, Cal., in the *Occidental Medical Times*, July, 1889, presents several points of interest, and illustrates the necessity of an autopsy to determine the cause of death in all doubtful or suspicious cases.

"On June 9 I was called upon to make a *post-mortem* examination of the body of a Portuguese female child, seven or eight years of age, who had died rather suddenly. The child was apparently perfectly well until half an hour after eating dinner, when, while playing, she was taken suddenly sick with vomiting, convulsions and efforts at coughing. The little patient was hurriedly placed in a wagon and driven rapidly toward town, eight miles distant, but died before reaching it. The body presented a cyanosed appearance, and upon inquiry I learned that she had been playing with some buttons, which at once directed my attention to the air passages. Upon opening the larynx the collar button shown in the accompanying engraving was found, with the small end down, completely obstructing the air passage. From the peculiar shape of the foreign body and its position in the larynx, extraction would have been very difficult, and the urgency of the case would probably have demanded tracheotomy had it been seen in time."

NEWS.

—Dr. F. P. Henry has removed to 1635 Locust St., Philadelphia.

—Dr. Louis Starr has removed to No. 1818 South Rittenhouse Square, Philadelphia.

—G. Edward Johnson, who has been partially insane for several months, stabbed his wife to death in Chicago, September 5.

—It is announced, under date of Sept. 17, that cholera has made its appearance in Bagdad, and the disease is spreading in Western Persia.

—Dr. P. Archinard has been appointed Demonstrator of Microscopical Anatomy and Bacteriology in the Medical Department of Tulane University.

—It is announced, under date of Sept. 17, that enteric fever is epidemic among the soldiers in garrison in Cairo. Several deaths from the disease occur daily.

—Dr. John Weist, of New York, has recently invented a storage battery, and an improved incandescent electric light. He has also a patent for an electrical heater.

—John Schlaepler, who had been removed from a Philadelphia institution for the insane to his brother's house, shot and killed his brother and then himself, at Union Hill, N. J., Sept. 4, 1889.

—Dr. Maurice Perrin, President of the Academy of Medicine of Paris and Inspector General of Health, on the retired list, died August 31, at Vezelise, his native place, at the age of sixty-three years.

—A physician of Kansas City has been arrested for attempting to bribe the Secretary of the State Board of Health. The doctor claims that it is but persecution by parties attempting to evade the payment of a bill.

—Dr. Henry Menninger died at his residence in Brooklyn, New York, Sept. 8, 1889. He was born in 1838. He served in the War of the Rebellion in the ranks and was correspondent of the New York *Tribune*.

—The *Medical Standard*, September, 1889, announces that the attempt to establish in Chicago a "Pasteur Institute," for the treatment of hydrophobia, referred to in an Editorial in the REPORTER, Sept. 21, has failed.

—Professor George H. Cook, LL. D., Ph. D., State Geologist of New Jersey, died at his residence, in New Brunswick, Sept. 22, 1889, from heart failure. He was born in 1817, and was well known to scientific men all over this country.

—Dr. David S. Gloninger died in Philadelphia Sept 13, 1889. He was born 61 years ago in Lebanon county, where his father, John W. Gloninger, M. D., was a noted surgeon, and in 1840 was graduated from the University of Pennsylvania, since which time he had been a resident of this city.

—Rochester has established an Infants' Summer Hospital at Charlotte, on Lake Ontario. Dr. E. M. Moore is President of the Association, and Dr. George W. Goler is the Attending Physician. There are accommodations for twenty children, and any child suffering from intestinal disorder is treated free of charge.

—The American Gynecological Society in session at Boston elected the following officers for the ensuing year: President, Dr. John P. Reynolds; Vice-Presidents, Dr. William Polla and Dr. Eli Van De Warker; Secretary, Dr. Jos. Tabor Johnson; Treasurer, Dr. M. D. Mann. It was voted to hold the next annual meeting in Buffalo.

—Drs. Robert J. Preston and S. W. Dickenson, of Marion, Va., having resigned their positions as members of the State Medical Examining Board of Virginia, the Medical Society of Virginia at its recent session, September, 1889, nominated Dr. R. F. Young, of Love's Mill, and Dr. P. B. Green, of Wytheville, Va., to fill the vacancies.

—Dr. Samuel B. Swavely, a graduate of the Jefferson Medical College in 1877, has been expelled from the Pottstown, Pa., Medical Society for unprofessional conduct. He was charged with selling patent medicines with the aid of minstrel concerts on the street corners, and also with an attempt to persuade a patient to feign sickness and draw payments from an insurance society of which he (Dr. Swavely) was medical examiner.

—The Rev. Samuel M. Hamill, D.D., a well-known educate and for years the Principal of the famous school at Lawrenceville, N. J., died at his home in Trenton of heart disease, Sept. 20, 1889. He was a native of Norristown, Penna., and in 1834 began his career as an educator by teaching Latin and Greek in the Lawrenceville school. He was one of the original members of the New Jersey Historical Society, and also was President of the Board of Managers of the State Lunatic Asylum, and a Trustee of the Theological Seminary at Princeton.

—There is a movement on foot in St. Louis to do away with the dumps which are in use for the disposal of garbage. The refuse matter has fouled the river to a small extent, and it is proposed to desiccate garbage. This method is superior to cremation, as has been demonstrated in Milwaukee, where both methods have been tried. In desiccating, the garbage is passed through a series of drying chambers for about ten hours. Then the oily matter is pressed out, and the resulting dry, brown-colored powder is sold for manure, as it possesses some slight fertilizing powers.

—A case of supposed yellow fever was discovered in Brooklyn, Sept. 18. A sailor on the Alva, from Costa Rica, applied to the Charities Department, saying he was sick and wanted to be sent to a hospital. He was taken to the County Hospital, and after examination the physicians were of opinion that he was suffering from yellow fever. The next day it was learned that the man was suffering simply with bilious fever. The Hindoo, from which a man died at Quarantine of a disease called yellow fever, was at the same time at Atlantic Docks, Brooklyn, but her captain was not permitted to unload her cargo, although she was fumigated on that day by the health authorities.

HUMOR.

"A CALIFORNIA BLACKSMITH is dangerously ill with glanders, contracted while shoeing a horse." And a Pennsylvania woman is suffering from a sprained ankle, contracted while "shooing" a hen. There seems to be fatality about this shoeing business.

"CHANGE OF CLIMATE is what you need," said the high-priced physician, after he had listened to all the details of the patient's case. "Change of climate!" exclaimed the patient in surprise. "Why, man alive, I've never had anything else. I've lived right here in New England all my life."—*Christian Register.*